

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35053

FILLED NOV 14 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural Jefferson Twp.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Phoebe Jane Williamson

3. (b) If veteran
name war

3. (c) Social Security
No.

4. Sex

Female

5. Color or
race

White

6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Oct 18 1873
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

67 11 17 hr. min.

9. Birthplace

Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housework

11. Industry or business

12. Name

Sidney Beebe

13. Birthplace

Perm. 1
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Perm. 1
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Jay Hayward

(b) Address

Los Angeles Cal.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof Oct 9 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Pythian Cemetery

18. (a) Signature of funeral director

Joe E. Whelan

(b) Address

Bethany Mo.

19. (a)

10/14/41
(Date removed local registrar)

(b)

Zola M. Burris
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Rural Bethany
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1941 hour 10 minute 20 AM

21. I hereby certify that I attended the deceased from 9-10-41
19 to 10-5-41 19

that I last saw him alive on 10-5-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Failure, Acute dilatation

Duration

Due to Hypertension

Vrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. P. Lyden (M. D. number) 0
Address Bethany, Mo. Date signed 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.